

OCT 07 2005

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NAME:	FACSIMILE:	TELEPHONE:
Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-4947

**FROM:** Rick Shoop**DATE:** October 7, 2005

Number of pages with cover page:	14	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 10852/say4**Comments:**

Attorney Docket No.: 425282000201  
 Group Art Unit: 3762  
 Examiner: J. Jastrzab  
 Serial No. 09/994,598  
 Filing Date: November 20, 2001  
 Inventors: Frank R. GEORGE et al.  
 Title: IMPROVED PULSED ELECTROMAGNETIC ENERGY TREATMENT  
 APPARATUS AND METHOD

**Papers attached:**

1. Transmittal (1 page)
2. Fee Transmittal plus duplicate for fee processing (2 pages)
3. Amendment in Response to Non-Final Office Action (9 pages)
4. Petition for Extension of Time (1 page)

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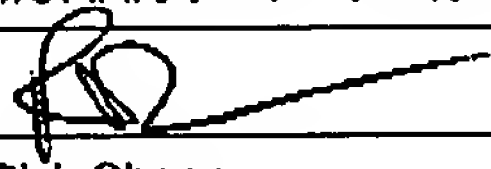
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/994,598	
	Filing Date	November 20, 2001	
	First Named Inventor	Frank R. GEORGE	
	Art Unit	3762	
	Examiner Name	J. Jastrzab	
Total Number of Pages in This Submission	13	Attorney Docket Number	425282000201

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form plus duplicate for fee processing (2 pages)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (9 pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Rick Shoop		
Date	October 7, 2005	Reg. No.	45,763

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below.	
Dated: October 7, 2005	Signature:  (Sandy Yi)

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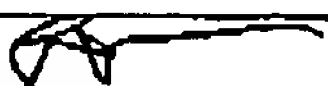
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/994,598	
		Filing Date	November 20, 2001	
		First Named Inventor	Frank R. GEORGE	
		Examiner Name	J. Jastrzab	
		Art Unit	3762	
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	Attorney Docket No.	425282000201

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
27	- 53 = 0	x 25.00 =	0.00	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
				180.00	0.00		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
3	- 6 = 0	x 100.00 =	0.00				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
	- 100 =	/50	(round up to a whole number) x 125.00 =	0.00			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	45,763
Name (Print/Type)	Rick Shoop	Telephone	(650) 813-5804
		Date	October 7, 2005

10/11/2005 RFEKABU1 00000040 031952 09994598

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